

COMPLIANCE CHECKLIST

► Newborn Nurseries

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service. **☒** = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project. **W** = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****NEWBORN NURSERY**

(Common requirements to well-infant, continuing care & special care nurseries)

- 130.618(B)/ ☐ Maternal/newborn service self-contained
☐ Located directly adjacent to postpartum unit
3.6.1.1 ☐ Located convenient to obstetrical facilities
3.6.1.2(1) ☐ Located and arranged to preclude unrelated traffic
3.6.1.2(2) ☐ No nursery opens directly into another nursery
130.624(E) ☐ Restricted secure access
- 3.6.2.2** ☐ Observation windows for viewing infants from public areas, workrooms & adjacent nurseries
- 130.624(B) ☐ All bassinets located for direct staff supervision
130.624(C) ☐ Bassinets directly adjacent to aisle
130.624(D) ☐ Off-white interior finish
- ☐ Exterior windows ☐ or ☐ No exterior windows
☐ clear glass
☐ double-pane insulation

3.6.6 WELL-INFANT NURSERY

- 3.6.6.2/** ☐ No more than 16 bassinets per nursery
130.624(C) ☐ at least 24 sf of area for each infant station, exclusive of auxiliary work areas
- 130.624(C) ☐ Min. 3'-0" clearance between bassinets

- ☐ Min. 1 handwashing station per 6 bassinets[130.624(F)]
☐ knee/foot (or elbow) controls
or
☐ electronic sensor controls on emergency power
☐ Vent. min. 6 air ch./hr
☐ Staff emergency calling system
☐ 1 OX, 1 VAC, 1 MA per 4 bassinets
☐ Min. 2 electrical duplex receptacles per bassinet
☐ Emergency power/lighting

130.624(A)	Number of postpartum beds.....	
+	Number of LDRPs.....	
+	Number of well-infant nurseries.....	
=	Required number of bassinets.....	

☐ Proposed number of bassinets equals required number¹

¹ If a waiver is requested, the proposed number of bassinets must result in a 95% probability of bassinets being available. That probability is calculated with a statistical formula from hospital data included in the waiver request, as listed below:

- (1) Proposed number of bassinets
(2) Projected numbers of births per year
(3) Average length of stay

2.1- ARCHITECTURAL REQUIREMENTS

- 130.626(D) ☐ ISOLATION
- | | | |
|--|----|--|
| <input type="checkbox"/> Isolation nursery
<input type="checkbox"/> handwashing station | or | <input type="checkbox"/> Designated isolation bassinet within well-infant nursery
<input type="checkbox"/> 4'-0" clearance between isol. bass. & other bassinets
<input type="checkbox"/> handwashing station in close proximity |
|--|----|--|

MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

- Mechanical ventilation (Table 2.1-2):
- Isolation nursery
- ☐ check if not included in facility
- ☐ min. 12 air ch./hr
- ☐ negative pressure
- ☐ all air exhausted to outdoors
- ☐ 1 OX, 1 VAC, 1MA / bassinet

3.6.7 CONTINUING CARE NURSERY (Level 1B)

- ☐ check if service not included in facility
- ☐ No more than 16 bassinets per nursery
- ☐ Min. 50 sf floor area per bassinet
- ☐ Min. 4'-0" clearance between & at all sides of bassinets

- ☐ Min. 1 handwashing station per 6 bassinets[130.624(F)]
- ☐ knee/foot (or elbow) controls
- or**
- ☐ electronic sensor controls on emergency power
- ☐ Staff emergency calling system
- ☐ Vent. min. 6 air ch./hr
- ☐ 1 OX, 1 VAC, 1 MA per bassinet
- ☐ Min. 2 electrical duplex receptacles per bassinet
- ☐ Emergency power/lighting

3.6.7 SPECIAL CARE NURSERY (Level II)

- (Level II: at least 1500 births per year)
- 130.640(A) ☐ check if service not included in facility

- 130.624(E) ☐ Sole access is through a well lighted anteroom
- ☐ gowning area
- ☐ No more than 16 bassinets per nursery
- ☐ Min. 50 sf floor area per bassinet
- ☐ Min. 4'-0" clearance between & at all sides of bassinets

- ☐ Min. 1 handwashing station per 6 bassinets [130.624(F)]
- ☐ knee/foot (or elbow) controls
- or**
- ☐ electronic sensor controls on emergency power
- ☐ Staff emergency calling system
- ☐ Vent. min. 6 air ch./hr
- ☐ 1 OX, 1 VAC, 1 MA per bassinet
- ☐ Min. 2 electrical duplex receptacles per bassinet
- ☐ Emergency power/lighting

3.6.8 PEDIATRIC NURSERY

- ☐ check if service not included in facility
- ☐ No more than 8 bassinets per nursery
- ☐ Min. 40 sf floor area per bassinet
- 130.624(C) ☐ Min. 3'-0" clearance between & at all sides of bassinets
- ☐ Viewing Window

- ☐ Min. 1 handwashing station per 6 bassinets[130.624(F)]
- ☐ knee/foot (or elbow) controls
- or**
- ☐ electronic sensor controls on emergency power
- ☐ Staff emergency calling system
- ☐ Vent. min. 6 air ch./hr
- ☐ 1 OX, 1 VAC, 1 MA per bassinet
- ☐ Min. 2 electrical duplex receptacles per bassinet
- ☐ Emergency power/lighting

3.6.4 INFANT EXAMINATION & TREATMENT AREAS

- ☐ check if service not included in facility
- ☐ Work counter & storage facilities

- ☐ Handwashing station

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**SUPPORT AREAS3.6.2.1 ☐ 24-hour accommodations for parents3.6.5.2 ☐ Work area(s)☐ gowning facilities for staff☐ work counter & storage for supplies☐ refrigerator☐ storage space for emergency carts & equipment☐ out of traffic☐ sanitary storage & disposal of soiled waste☐ visual control between staff work area and nurseries☐ Handwashing station3.6.5.3 ☐ Consultation/breastfeeding room convenient to nursery☐ convenient access to:☐ counter☐ refrigerator/freezer☐ breast pump storage☐ Handwashing station3.6.5.4 ☐ Infant formula facilities☐ no direct access from nursery3.6.5.4 ☐ on-site formula preparation **or** use of commercial formula☐ cleanup facilities☐ handwash station☐ bottle washing☐ facilities☐ work counter☐ sterilizer☐ formula storage room☐ work counter☐ handwash station☐ storage☐ warming facilities☐ Vent. min. 4 air ch./hr☐ formula prep. room☐ warming facilities☐ refrigerator☐ work counter☐ formula sterilizer☐ storage☐ handwash station☐ refrigerated formula storage & warming facilities☐ 24-hr staff access2.3.8.1 ☐ Soiled workroom☐ work counter☐ space for holding soiled linen & solid waste☐ Clinical flushing-rim sink☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)☐ Duty station visible call signal3.6.5.6 ☐ Housekeeping room☐ for the exclusive use of nursery unit☐ directly accessible from nursery unit☐ storage for housekeeping equipment & supplies☐ Service sink or floor receptor☐ Vent. min. 10 air ch./hr (exhaust)3.6.5.1 ☐ Documentation area☐ charting surface☐ access to information/communication systems

GENERAL STANDARDS**DETAILS AND FINISHES**Corridors

▸ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▸ Renovations to Existing Inpatient Corridor*

___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in facility

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms
___ sufficient for ceiling mounted equipment
___ min. clearance under suspended pipes/tracks:
___ 7'-0" AFF in bed/stretcher traffic areas
___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type

___ Doors for patient use min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)